

TRANSMITTAL FORM

Attorney Docket No.
RPS920000054US1/1793PIn re the application of: **Daryl Carvis CROMER et al.**

Confirmation No: 8922

Serial No: **09/746,829**Group Art Unit: **2131**Filed: **December 22, 2000**Examiner: **Laforgia, Christian A.**For: **Method and System for Enabling an Image to be Authenticated**

ENCLOSURES (check all that apply)					
<input checked="" type="checkbox"/>	Amendment/Reply	<input type="checkbox"/>	Assignment and Recordation Cover Sheet	<input type="checkbox"/>	After Allowance Communication to Group
<input checked="" type="checkbox"/>	After Final	<input type="checkbox"/>	Part B-Issue Fee Transmittal	<input type="checkbox"/>	Notice of Appeal
<input type="checkbox"/>	Information disclosure statement	<input type="checkbox"/>	Letter to Draftsman	<input type="checkbox"/>	Appeal Brief
<input type="checkbox"/>	Form 1449	<input type="checkbox"/>	Drawings	<input type="checkbox"/>	Status Letter
<input type="checkbox"/>	(X) Copies of References	<input type="checkbox"/>	Petition	<input checked="" type="checkbox"/>	Postcard
<input type="checkbox"/>	Extension of Time Request *	<input type="checkbox"/>	Fee Address Indication Form	<input type="checkbox"/>	Other Enclosure(s) (please identify below):
<input type="checkbox"/>	Express Abandonment	<input type="checkbox"/>	Terminal Disclaimer		
<input type="checkbox"/>	Certified Copy of Priority Doc	<input type="checkbox"/>	Power of Attorney and Revocation of Prior Powers		
<input type="checkbox"/>	Response to Incomplete Appln	<input type="checkbox"/>	Change of Correspondence Address		
<input type="checkbox"/>	Response to Missing Parts	*Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for xxxxx month(s), from to .			
<input type="checkbox"/>	Executed Declaration by Inventor(s)				

CLAIMS

FOR	Claims Remaining After Amendment	Highest # of Claims Previously Paid For	Extra Claims	RATE	FEES
Total Claims	30	36	0	\$ 50.00	\$ 0.00
Independent Claims	3	3	0	\$200.00	\$ 0.00
				Total Fees	\$ 0.00

METHOD OF PAYMENT

Check no. _____ in the amount of \$ _____ is enclosed for payment of fees.

Charge \$ _____ to Deposit Account No. _____ (Account Holder Name) for payment of fees.

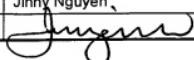
Charge any additional fees or credit any overpayment to Deposit Account No. 50-0563 (IBM Corporation).

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Attorney Name **Joyce Tom, Reg. No. 48,681**Signature **/Joyce Tom/ Reg. No. 48,681**Date **September 26, 2005**

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on **September 26, 2005**

Type or printed name **Jinny Nguyen**Signature 

CERTIFICATE OF MAILING

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:

Date: September 26, 2005

Daryl Carvis CROMER et al.

Confirmation No.: 8922

Serial No.:09/746,829

Group Art Unit: 2131

Filed: December 22, 2000

Examiner: LaForgia, Christian A.

For: METHOD AND SYSTEM FOR ENABLING AN IMAGE TO BE
AUTENTICATED

Mail Stop AF
Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

**RESPONSE AFTER FINAL OFFICE
ACTION UNDER 37 CFR 1.116**

Sir:

In response to the Final Office Action dated July 29, 2005, please consider the following remarks.

Remarks/Arguments begin on page 2 of this paper.